PI

District

#

7

Percentage

100

Route

#

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

Miles

Per Day

79.4

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

DUE DATES:	10010001		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	TE THIS CLAIM FO	OR STATE REIM	IBURSEMEN	NT FOR SCI	HOOL BUS	TRANSPOR	ΓATION:	
This claim is for the period beginning								
CERTIFICATION:								
The inform	nation on this form is comp	plete and accurate to	the best of my kn	owledge.				
Date		Signature, Chair, Box	ard of Trustees					
County:		District:					District Level:	
01 Reave	rhead	0003 Grant I	Flem				Flementary	

Capacity

48

Inspection

08/18/05

Rate

Per Mile

0.95

TR-6 (1/05) Page 1

PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

CO

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0006 Beaverhead County H S **High School** District Days Route Miles Rate **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 100 CO 1 128 1.80 84 08/18/05 100 CO 10 22 1.57 78 08/18/05 100 CO 22 72 08/18/05 11 1.57 100 0.95 CO 12 53 35 08/18/05 100 CO 13 48 0.95 18 08/18/05 100 CO 1A 128 1.80 84 08/18/05 2 100 CO 26.2 1.57 78 08/18/05 100 CO 3 7 0.00 72 08/18/05 100 4 72 CO 140 1.57 08/18/05 5 78 100 CO 61 1.57 08/18/05 100 CO 6 192 1.57 72 08/18/05 7 100 CO 30 1.80 84 08/18/05 100 CO 8 56 78 08/18/05 1.57

78

08/18/05

TR-6 (1/05) Page 1

9

58

1.57

PI

100

12

12-2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

122

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus T	ransportation	County
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semeste County Superin State Superinte	ntendent
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	HOOL BUS TRAI	NSPORTATION	:
This clain	m is for the	period beginning	,	month	day,	20 and e	ndingm		, 20 lay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County:	unty: District:							District L	evel:
01 Beav	01 Beaverhead 0009 Lima K-12 Schools				}		High S	School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	12	12-1		99.1	1 57	71	09/21/05		

16

08/17/05

TR-6 (1/05) Page 1

PI

01 Beaverhead

Percentage

100

District

#

26

Route

#

1

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0015 Reichle Elem

Miles

Per Day

99

Rate

Per Mile

0.95

School District Claim for
State Reimbursement for
School Bus Transportation

Elementary

Days

Operated

Inspection

08/20/05

State	
District	
County	

Bus Driver's

Social Security #

, 000=0 =001									
DUE DATES:	Tostuary to to state supermentation				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning					_ and ending _		, 20		
		month	day			month	day		
CERTIFICATION:									
The information on this form is complete and accurate to the best of my knowledge.									
Date		Signature, Chair, Boa	rd of Trustees						
County:		District:					District Level:		

Capacity

35

TR-6 (1/05) Page 1